Id -d

Signature 2

9/21/2012

Printed Name:

Capacity/Title: Owner

CERTIFICATE OF ASSUMED BUSINESS NAME

2013 AUG 22 PM 3: 31

Pursuant to Section 53-504, Idaho Code, the undersigned submits for filing a certificate of Assumed Business Name.

SECRETARY OF STATE STATE OF IDAHO

Please type or print legibly

business is:	undersigned use(s) in the transaction of
- Ward to	Joan K.Ce
2. The true name(s) and <u>business</u> address business under the assumed business reasons and the same that the same	(es) of the entity or individual(s) doing name: Complete Address ESS E Wishington, Wei Ser 144 W. Tolaho St. Wei Ser Est
3. The general type of business transacted Retail Trade Transportat Wholesale Trade Construction Services Agriculture Manufacturing Mining Finance, Insurance, and Real Esta	Submit Certificate of Assumed Business
4. The name and address to which future correspondence should be addressed: Jennifer Huff 835 E. Washington William T. J. 83072	Secretary of State 450 North 4th Street PO Box 83720 Boise ID 83720-0080 208 334-2301
5. Name and address for this acknowledgm copy is (if other than # 4 above):	nent

IDAHO SECRETARY OF STATE
08/22/2013 05:00
CK: 1524896 CT: 172899 PH: 1387174
1 8 25.80 = 25.80 ASSUM NAME # 2

4bn pmd Rev 07/2010

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